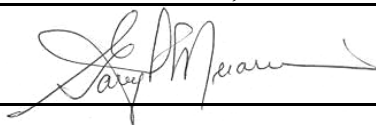

	OPERATING PROCEDURE	
	<i>HYPOTHERMIA/COLD RELATED EMERGENCIES</i>	
	Effective Date: November 1, 1986	Revised: October 1, 2000
	Approved By: 	
Approved By Operational Medical Director: 		

BLS

1. Perform initial patient assessment and obtain pertinent medical history. Keep the patient still and avoid unnecessary, excessive, or rough movement. Maintain the patient in a horizontal position. Whenever possible, assessment and treatment should follow the AHA hypothermia algorithm.
2. Establish and maintain a patent airway, administer OXYGEN via non-rebreather mask, and provide ventilatory assistance as required. If possible, OXYGEN should be warmed and humidified.
3. Pulse check must be performed for 30 - 45 seconds. If indicated, start CPR. In cases of cardiac arrest, attach AED and utilize as per Operating Procedure #6.2.09 to deliver up to three (3) shocks.
4. Attempt to establish an accurate body temperature (tympanic, oral or rectal) and assess the severity of the hypothermia.
 - ✓ **Mild:** 97 to 94 degrees Fahrenheit (36 to 34 degrees Celsius)
 - ✓ **Moderate:** 94 to 86 degrees Fahrenheit (34 to 30 degrees Celsius)
 - ✓ **Severe:** less than 86 degrees Fahrenheit (30 degrees Celsius)
5. Prevent further heat loss. Move patient from cold environment, remove wet clothing, gently dry the patient, and wrap in dry blankets.
6. Attempt to obtain blood sugar level. Treat hypoglycemia as indicated.
7. Treat specific injuries as identified below:
 - A) Frost Nip/Frost Bite:
 - ☐ Remove clothing from affected area
 - ☐ Bandage affected areas with dry sterile dressings and elevate injury site
 - ☐ Do not rub the injury site
 - ☐ Evaluate patient for systemic hypothermia and treat as necessary
 - ☐ Do not allow the limb to thaw if there is a chance the limb may refreeze before evacuation or patient must walk to transportation.

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B) Systemic Hypothermia:

- ☐ Handle patient gently, avoiding unnecessary movement while relocating patient from cold environment
- ☐ Remove clothing and wrap patient in dry blankets, leaving extremities exposed
- ☐ Keep patient in a supine position
- ☐ Regularly monitor vital signs
- ☐ If patient is conscious, alert, and shivering, warm fluids may be given by mouth

ALS ONLY

- 8. Connect patient to cardiac monitor and defer administration of cardiac medications until contact is made with On-line Medical Control (OLMC). Limit defibrillations to three (3).**
- 9. Perform endotracheal intubation as needed**
- 10. Establish an IV of 0.9% Sodium Chloride. Infuse at a KVO rate. Start IV as high as possible on upper extremities. If possible, warm the IV bag and tubing while administering IV fluid.**

MEDICAL CONTROL ONLY

- 11. Carry out cardiac arrest management, further electrical therapy or other interventions as directed by OLMC**